



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Business Regulation
INSURANCE DIVISION
233 Richmond Street, Suite 233
Providence, RI 02903 – 4233
Telephone No. (401) 222-2223
www.dbr.state.ri.us

FAX No. (401) 222-5475
TDD No. (401) 222-2999

APPLICATION FOR RESIDENT AND NONRESIDENT INDIVIDUAL TITLE AGENT

1. SS# _____ Date of Birth: _____
2. _____
Last Name First Name Middle Name
3. _____
Residence/Home Address (Physical Street) P.O. Box
4. _____
City State Zip
5. Are you a U.S. Citizen? ____Yes ____No (If no, of which country are you a citizen?)
(If no, you must supply work authorization.)
6. _____
Name of Appointing Underwriter NAIC Co. Code

Underwriter Business Address

Business Address, *if different from above*
7. _____
Mailing Address (must complete)
8. **Employment History:** Provide all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education (if necessary, attach a separate sheet).

Employment History							
			From		To		Position Held
			Month	Year	Month	Year	
Name							
City	State	Foreign Country					
Name							
City	State	Foreign Country					
Name							
City	State	Foreign Country					
Name							
City	State	Foreign Country					

9. List all Insurance Underwriters for which you are currently licensed in Rhode Island.

Background Information

10 The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A ___ Yes ___ No ___

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A ___ Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license.

"Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Only include individual bankruptcies that involve funds held on behalf of others. Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) certified copies of all relevant documents.

7. Do you have a child support obligation in arrearage that is currently subject to a repayment agreement or are you subject to a child support related subpoena/warrant? Yes ___ No ___

If you answer yes to Question 7, by how many months are you in arrearage? _____ Months

W:\Jun05\Cmte\D\wg\Producer\indapp 6-11-05 Att4-A.doc

11. **AGENT CERTIFICATION (Must be completed by the Underwriter)**

This section must include the signature of the Officer or Authorized Official and is required to be dated and notarized.

The above application of _____ is hereby approved and countersigned and the undersigned hereby certifies that said Applicant is personally known to him/her, that he/she is of good reputation, has had experience, training or instruction in the line or lines of Insurance the transaction of which the license applied for would authorize, is trustworthy and competent to act as a Title Insurance Agent and that the _____ (Company) has or will in writing contract with and appoint such Applicant to act as its Agent in reference to the transaction of such kind or kinds of Insurance as it is authorized to transact in the State of Rhode Island and that such Applicant will continue to be so authorized to act as said Agent until further notification under any license that may be granted under the above application.

Name of Company

Signature of Officer or Authorized Official

Signed and sworn to before me this ____ day of 200__

Notary Public

My Commission expires _____

INSTRUCTIONS and CHECK LIST FOR APPLICATION:

- ☐ It is required that Individual Title Agents & Title Agencies hold an active RI license for each RI licensed Underwriter.
- ☐ A RI license is required for each Title Appointment. A separate application is required for each Agent/Agency Appointment.
- ☐ Both the individual Title Agent and the Title Agency are required to hold a license, if doing business in Rhode Island.

Fees are as follows:

\$10.00 Application Fee (All Applicants)

\$25.00 license fee per year (total of \$75.00). The license is valid for three (3) years but the licenses all expire on the same date. The fee will be prorated depending on when you apply as follows:

If you apply between April 2, 2005 and March 31, 2006, the fee is \$50.

If you apply between April 2, 2006 and March 31, 2007, the fee is \$25.

- ☐ **For all title agents who reside in Massachusetts and title agencies that are located in Massachusetts the fees are as follows:**

\$10.00 Application Fee (All Applicants)

\$50.00 license fee per year (total of \$150.00). The license is valid for three (3) years but the licenses all expire on the same date. The fee will be prorated depending on when you apply as follows:

If you apply between April 2, 2005 and March 31, 2006, the fee is \$100.

If you apply between April 2, 2006 and March 31, 2007, the fee is \$50.

- ☐ All checks are to be made payable to: **General Treasurer, State of Rhode Island.**